

ePrescription

MasterMind Meeting

Primary Care Improvement Officers

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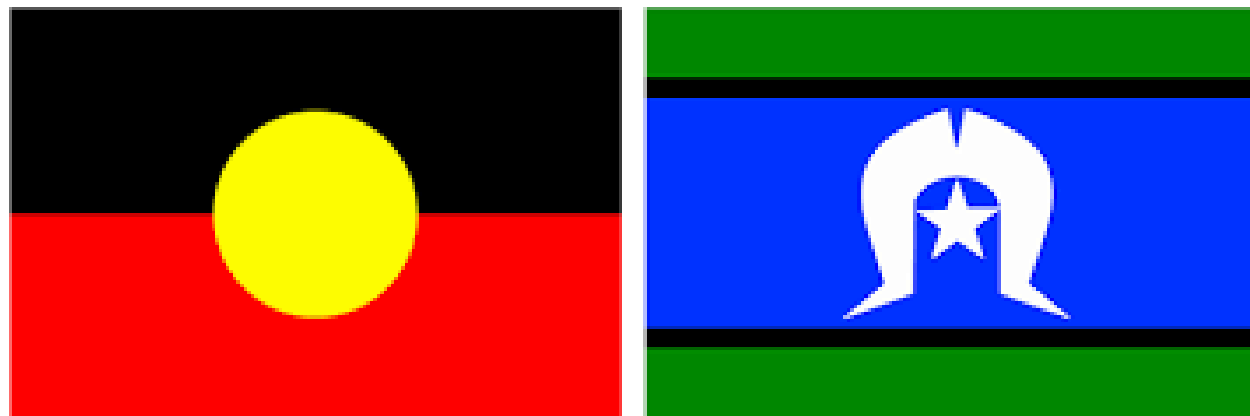
11th June, 2020

HNECC PHN acknowledges the traditional owners and custodians of the land that we live and work on as the First People of this Country.

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Acknowledgement of Country



We acknowledge Aboriginal people as the First Nations Peoples of NSW and pay our respects to Elders past, present, and future. We acknowledge the ongoing connection Aboriginal people have to this land and recognise Aboriginal people as the original custodians of this land.



Key learnings for ePrescription

The session aims to ensure all practices are technically and practically set to utilise this new initiative that will support General practice in providing greater flexibility and efficiency for their patients.

The **key outcomes** to be covered include:

- 1. What is ePrescribing – overview of the 2 stage government initiative and its importance**
- 2. How to set up your Practice for the ‘Token model’**
- 3. Demonstrated benefits for practices and their patients using the ‘Token model’ through case based scenarios**

Opportunity will be provided for Q&A session at the end of the presentation.

The National Digital Health Strategy Vision from the Australian Digital Health Agency

Better health for all Australians enabled by safe, seamless, secure digital health services and technologies that provide a range of innovative, easy to use tools for both patients and providers.

Changes have been made to Commonwealth legislation to recognise an electronic prescription as a legal form to allow medicine supply.



Australian Government

Australian Digital Health Agency

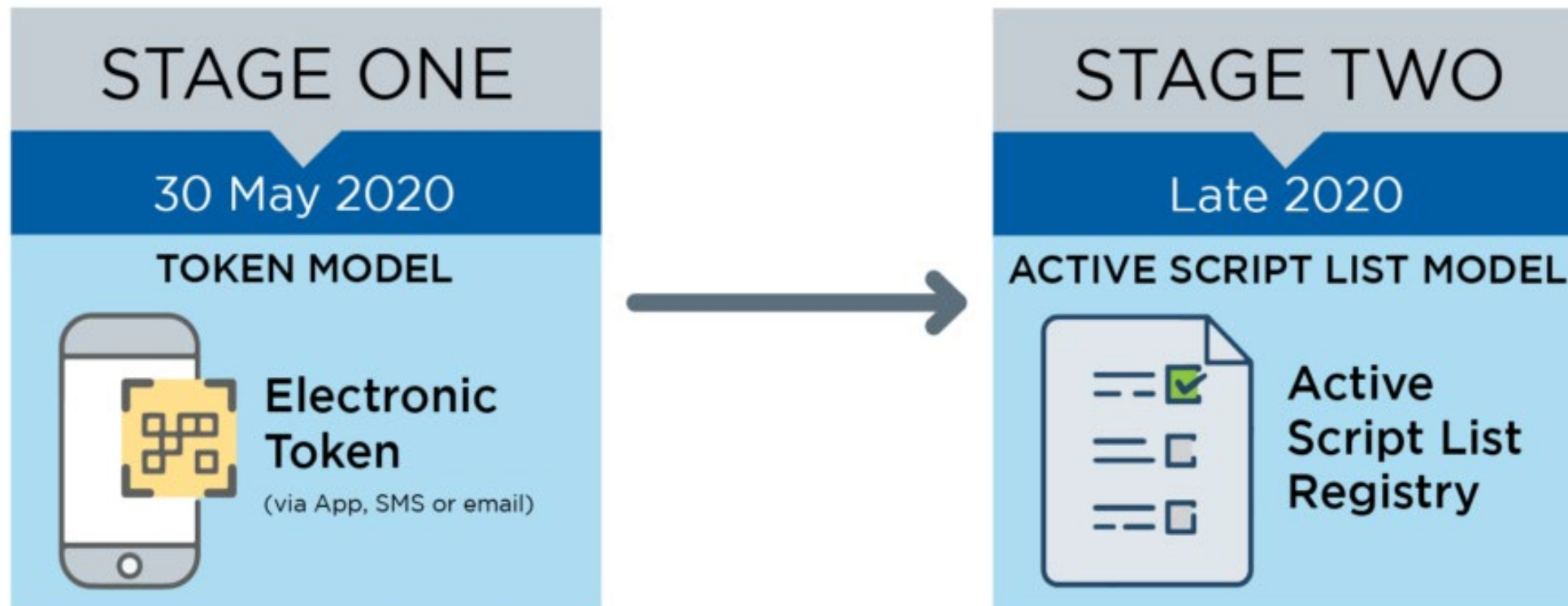
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What is ePrescribing?

- ePrescribing is a method of receiving your script as a SMS or email as an alternative to a paper prescription.
- Patients and prescribers will be able to choose either a paper prescription or an electronic prescription.
- Electronic prescriptions will not fundamentally change existing prescribing and dispensing processes.
- It provides patients with greater choice and patients can still choose which pharmacy they attend to fill their prescription.
- Electronic prescribing will not be mandatory.

The Two Models



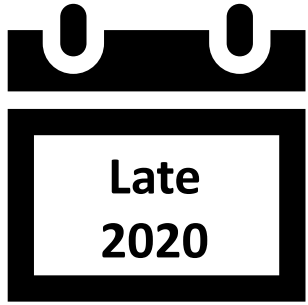


Token Model (currently available now)

Stage One

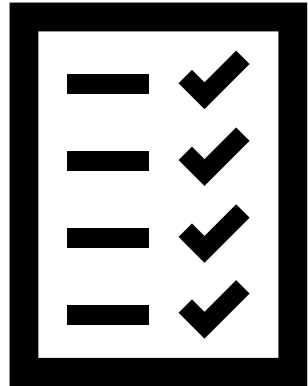
- Unique QR barcode known as a 'token' sent via SMS or email.
- A token is not a legal prescription, but it can be used by an authorised pharmacy to unlock the legal prescription
- Only a Pharmacy with the correct scanner can open this token
- 1 token per 1 medication.





Active Script List Model (coming soon)

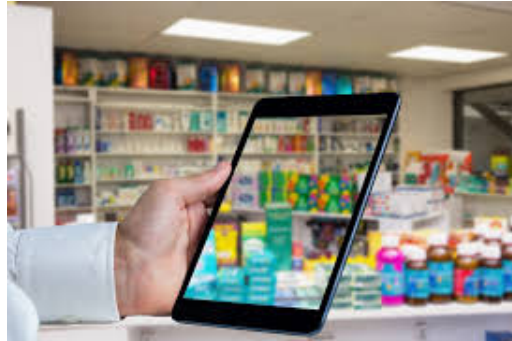
Stage Two



- By the end of this year, more functionality will be available in addition to the single token.
- Under this model pharmacists will be able to access a patient's electronic prescription by retrieving it from an Active Script List (ASL).
- The patient must prove their identity to the pharmacist.
- The ASL is expected to overcome the issue of lost tokens and assist medication management and adherence, especially for patients who are using multiple medicines.

The Pharmacy

- The pharmacy receives the token from the patient via, sms or email.
- Dispenses the medication to the patient.
- If a repeat is required the pharmacy will then reissue the token with the repeats details.



The doctor cannot SMS or email the token direct to the pharmacy.

The Pharmacies will need to be setup for eScripts so we recommend that you speak to your local pharmacies before commencing eScripts

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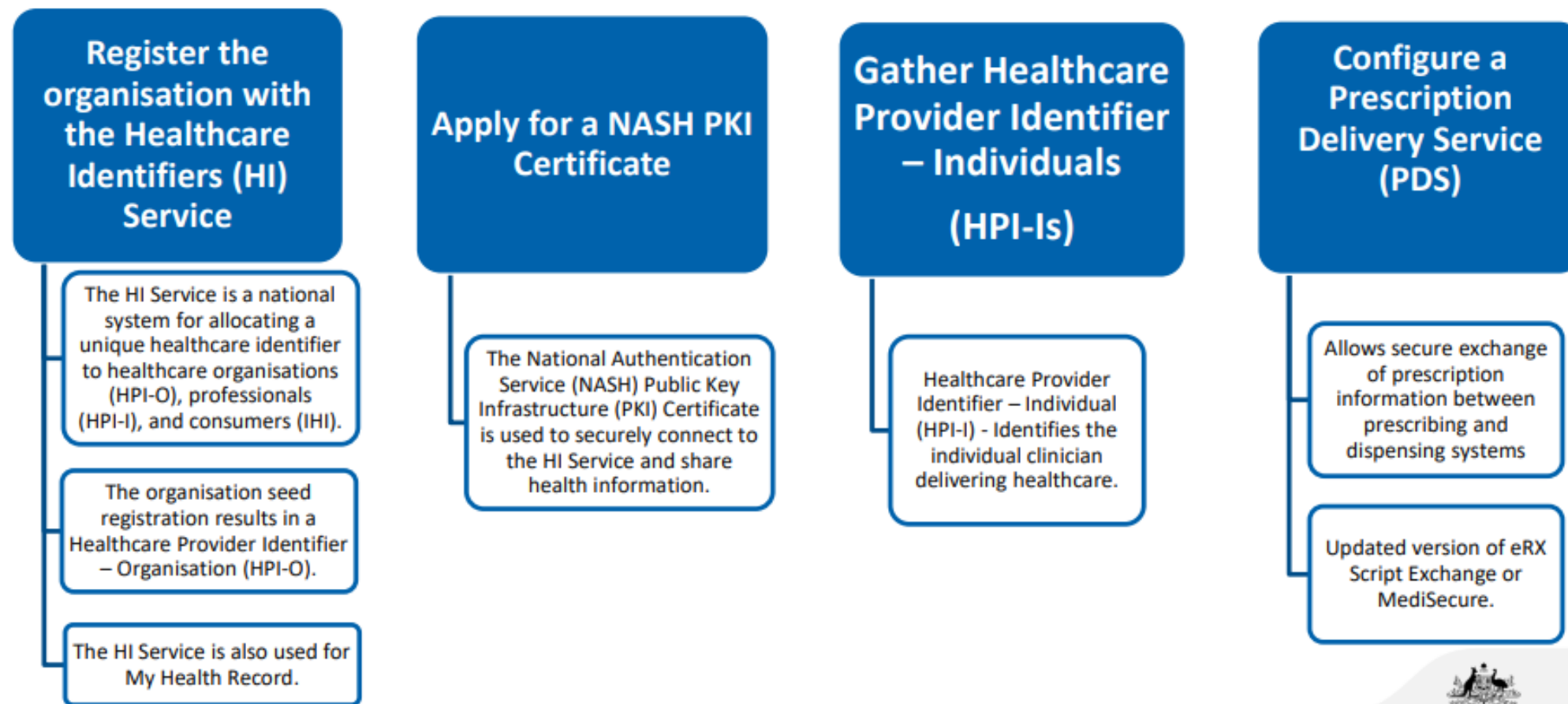
Electronic Prescriptions Readiness Checklist

- ✓ Ensure your practice has a Healthcare Provider Identifier-Organisation (HPI-O) and is connected to the HI service. This is a core requirement for electronic prescribing. Information about how to register your organisation for a HPI-O is available [here](#).
- ✓ Ensure your practice is connected to an open Prescription Delivery Service via a prescription exchange service. Existing prescription exchange services include eRx and MediSecure.
- ✓ Update your patients' and their carers' contact details on file (mobile phone number / email).
- ✓ Subscribe to your software provider newsletters and correspondence.
- ✓ Stay up to date with communication from clinical peak organisations.
- ✓ Check to ensure you know any legal rules that are specific to your state or territory such as the management of controlled medicines.
- ✓ Keep your staff informed about electronic prescribing and how they may respond to patient's questions about electronic prescriptions.

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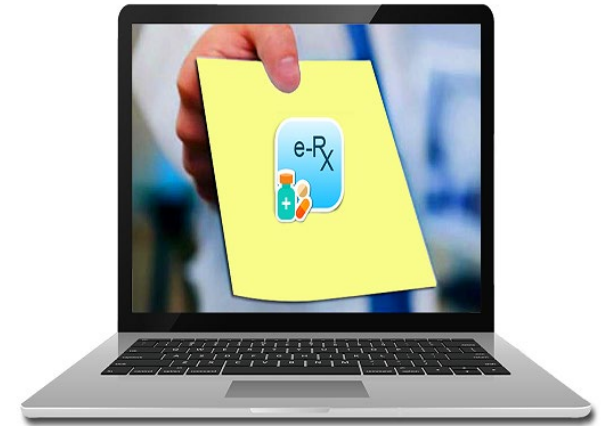
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Preparing for Electronic Prescriptions



Clinical Software Update

- At present, only **Best Practice** have released the update that provides the function for undertaking ePrescribing.
- Other major software providers like **Medical Director** and **Zedmed** are still finalising their next edition update to allow for ePrescribing - current users will receive an email notifying of the product release and process to access.
- It is recommended that practices subscribe to the relevant product newsletters for updates and information.



The Doctor



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Doctor's Desktop in Surgery – Dr selects patient and is asked if patient wants electronic script (ETP2.0) or existing process (as per now government stationery print and sign and ETP1.0)

The screenshot displays a medical software interface for a patient named 'Patient Test'. The patient's details include DOB (01/01/1983, 36 yrs), Sex (Female), Address (511 Paddock Court, The Glen NSW 2053), Medicare Number (4733 1004 887), Occupation (Dietitian), Blood Group (O-), Allergies/Drug Adverse Reactions (Latex), Phone (03 8122 0000), Pension No., Tobacco, Alcohol, Ethnicity, and Advanced Care Directive.

A dialog box is overlaid on the screen, asking: "Would Patient Test like an electronic prescription or paper prescription?". Below the question are two buttons: "Electronic" and "Paper".

The background interface shows a list of prescriptions with columns for Drug Name, Strength, Frequency, Quantity, Days, Refills, Status, Date, and Reason for Prescription.

Drug Name	Strength	Freq	Qty	Days	Refills	Status	Date	Reason for Prescription
<input checked="" type="checkbox"/> Lipitor 40mg Tablet						Yes	10/04/2019	Yes
<input checked="" type="checkbox"/> Amio 5mg Tablet						Yes	15/06/2019	Yes
<input type="checkbox"/> Simvastatin 100mg Tablet	100mg	1 bid ad	60	5	PBS	Yes	18/01/2019	Yes
<input type="checkbox"/> Cephalixin 500mg Capsule	500mg	1 bid	30	1	PBS	No	15/06/2018	Yes
<input type="checkbox"/> Bactroban 2% Nasal Cream	2%	bid	15g	0	Private	No	02/02/2018	Yes

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If the patient chooses an electronic script, the doctor prescribes the same way as today using existing practice software system

The software interface displays the following patient information:

Name	Patient Test	DOB	07/01/1983 - 36 yrs	Sex	Female
Address	511 Radus Crct, The Glen NSW 2053	Phone	02 9122 0000	Mobile	
Medicare Number	4133 1804 66/1	Pension No.		Comment	
Occupation	Drifter	Tobacco		Alcohol	
Blood Group	O-	Elite Sports		Ethnicity	
Allergies/Drug Adverse Reactions	Latex	Advanced Care Directive			

The navigation menu on the left includes: Ty Lenzi, Today's notes, Past visits, Current Rx, Past history, Immunisation, Investigation reports, Correspondence in Correspondence Out, Past prescriptions, Observations, Family/Social history, Clinical images, and Enhanced Primary Care.

Buttons: Add, Edit, Delete, Create

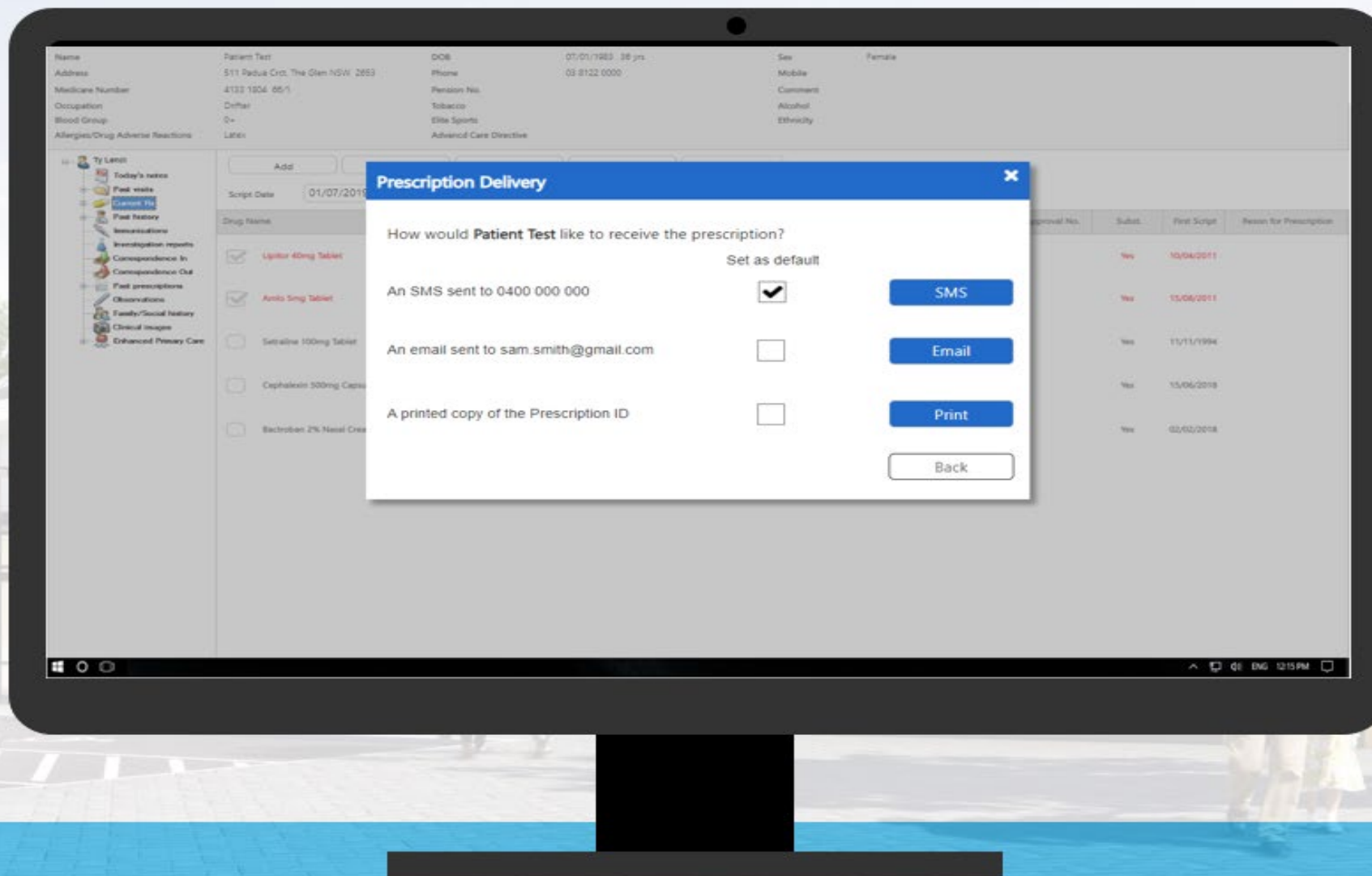
Script Date: 01/07/2019, Select All

Drug Name	Strength	Dose	Quantity	Rpts	Script Type	Long Term	Last Script	Approval No.	Subst.	First Script	Reason for Prescription
<input checked="" type="checkbox"/> Lipitor 40mg Tablet	40mg	1 d n	30	5	PBS	Yes	15/04/2019		Yes	10/04/2011	
<input checked="" type="checkbox"/> Amlo 5mg Tablet	5mg	1 d m	30	3	PBS	Yes	22/07/2019		Yes	15/08/2011	
<input type="checkbox"/> Setraline 100mg Tablet	100mg	1 bd ad	60	5	PBS	Yes	19/01/2019		Yes	11/11/1994	
<input type="checkbox"/> Cephalon 500mg Capsule	500mg	1 bd	30	1	PBS	No	15/06/2018		Yes	15/06/2018	
<input type="checkbox"/> Bactroban 2% Nasal Cream	2%	bd	15g	0	Private	No	02/02/2018		Yes	02/02/2018	

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Doctor's Desktop in Surgery – Doctor selects Delivery Method for that patient's scripts



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The Patient

A close-up photograph of a person's hand pointing at a tablet computer. The hand is in sharp focus, with the index finger extended towards the screen. The tablet is positioned below the hand, and its surface reflects the hand and the background. The background is a soft, out-of-focus gradient of blue and green light. The overall mood is professional and focused on digital health.

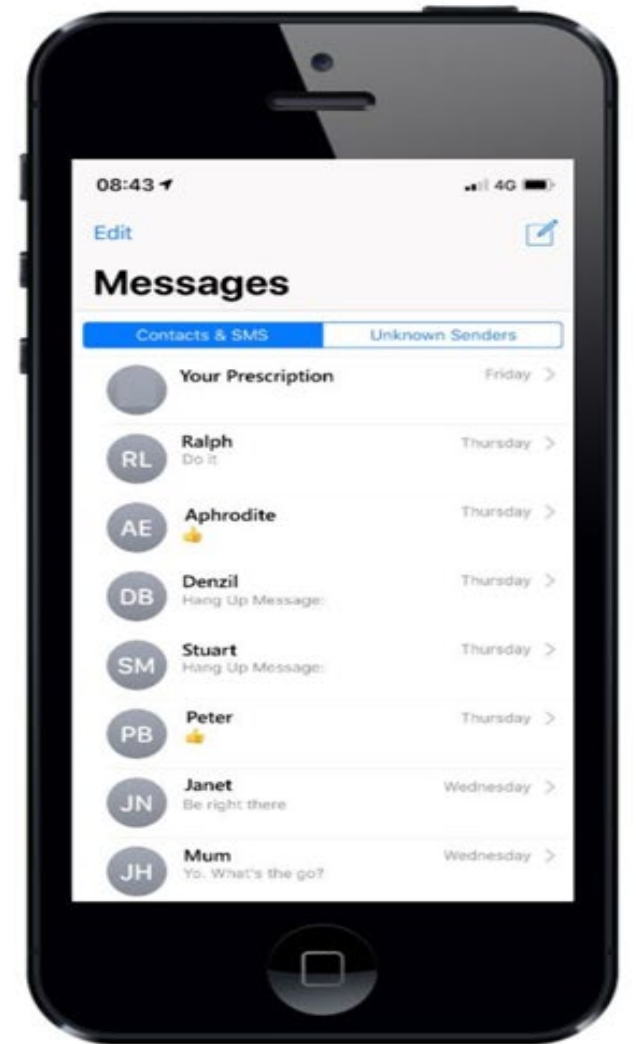
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A decorative border at the bottom of the page featuring traditional Aboriginal art patterns. The patterns consist of intricate, colorful lines in shades of purple, green, and white, creating a textured, organic feel. The patterns are layered and overlap, adding depth to the design.

Patient's Phone

Patient receives SMS TXT message instantly on their mobile phone

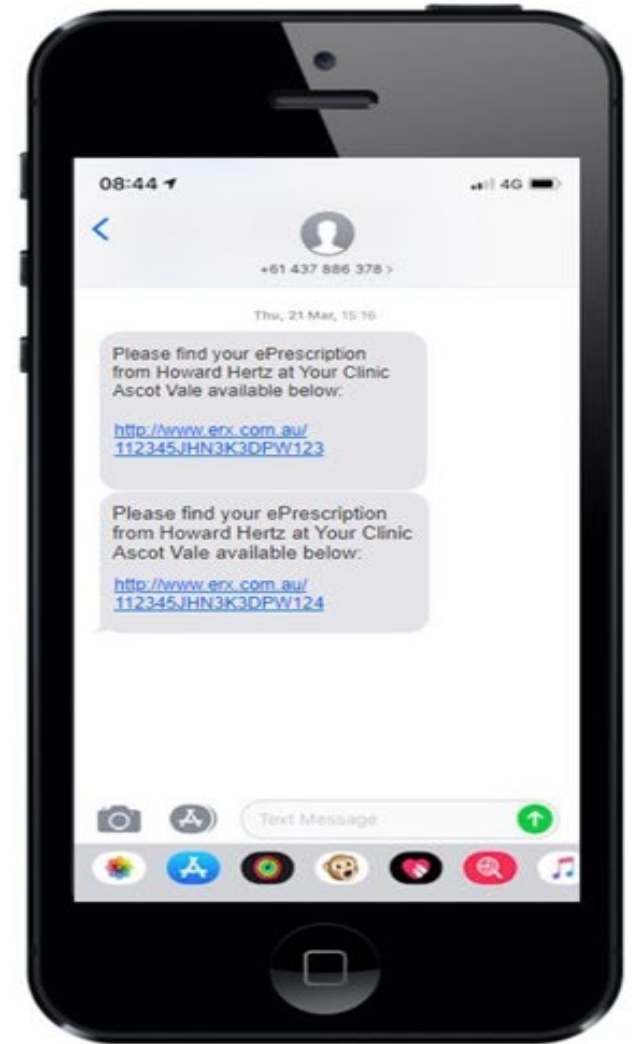


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Patient's Phone

Script TXT message has a link to the script token that the patient clicks on when at the pharmacy

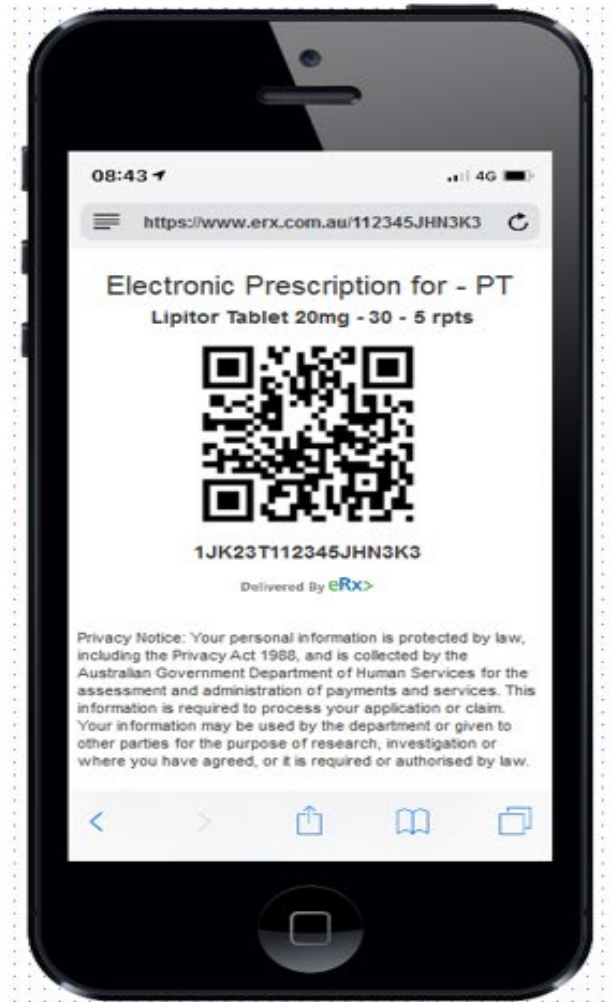


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Patient's Phone

The phone shows the script token and some script details so the pharmacy can scan it




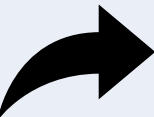

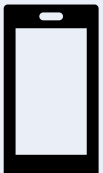

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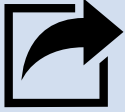

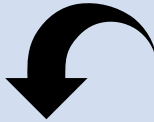


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Key Links for Technical Information

- **HPOS Register your organisation in the HI Service and My Health Record:**
<https://www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/hpos-register-your-organisation-hi-service-and-my-health-record>
- **Managing HI Service and My Health Record details:**
<https://www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/managing-hi-service-and-my-health-record-details>
- **National Authentication Service for Health (NASH):**
<https://www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/national-authentication-service-health>
- **Register your organisation:**
<https://www.myhealthrecord.gov.au/for-healthcare-professionals/howtos/register-your-organisation>
- **Information for prescribers (covers the requirements for prescribing controlled substances in NSW):**
<https://www.health.nsw.gov.au/pharmaceutical/Pages/electronic-prescribing.aspx#bookmark3>



	Scenarios	Options
	The patient is unable to receive the EP token (e.g. does not have a smart phone).	The patient may provide their carer's contact details to receive the EP token on their behalf or elect to receive a paper prescription.
	EP token is not received by the patient (e.g. sent to the wrong number/email).	The prescriber must confirm patient contact information and receipt of the EP token before ending the consultation.
	How do patients access repeats?	A new EP token for prescription repeat(s) will be issued to the patient from the pharmacy.
	Patient deletes a token from their device.	The prescriber can re-send the original or latest repeat token to the patient as the prescription remains in the Pharmacy Dispensing Software (PDS) until required by the patient.
	Are there safeguards to prevent patients using their token at multiple pharmacies?	Once a token has been scanned and dispensed by the pharmacy, it is invalid and cannot be reused.

	Scenarios	Options
	Patient asks for the GP/Practice to send the token directly to a pharmacy.	Doctors cannot send a token directly to a pharmacy, only to the patient, a carer or family member.
	Patient requests both a paper and electronic script.	The patient cannot have both a paper and electronic script, only one.
	The patient requests their existing paper script to be converted to an electronic script.	This cannot be done after the fact. Only new scripts (including new repeats) can be electronic.
	Does the patient have to get all repeats from the original pharmacy or can they take their token to different pharmacies?	The patient will always have a choice to get their next repeat dispensed at a different pharmacy and present the new token. That patient needs to ensure their preferred pharmacy is set up to receive and dispense via the EP model.
	Can patients get electronic prescriptions if they don't have My Health Record?	A patient does not need to have a My Health Record to receive an electronic prescription although, they must have an Individual Healthcare Identifier (IHI).

Token Model Case Study – Mary


- 71 years old
- History of Type II diabetes and osteoarthritis, limited mobility
- Mary lives alone, does not own a car or drive
- Current COVID-19 Risk; over age of 70 years with a Chronic Disease
- Requires a new prescription of her regular medication
- Mary feels confident with using her smart phone



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Token Model Case Study – Mary

- 
1. Telehealth video consultation: GP discusses prescription options, EP token sent to smart phone via sms
 2. Mary phones Pharmacy to see if they are set up to receive ePrescription tokens and that the Pharmacy dispenses eScripts
 3. Mary forwards token to the pharmacy and pharmacy processes script
 4. Pharmacy dispenses electronic prescription and takes remote payment
 5. Delivers medication to her house and sends updated script repeat token to Mary.

Eprescription enables Mary to receive her medication without leaving her residence.

Benefits of ePrescription

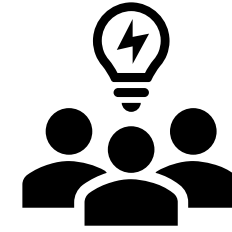
- Improve patient safety and patient outcomes by reducing the risk of transcription errors
- Improve choice of prescription format that suits patient preference including flexibility in receiving the token via smart phone, tablet or computer
- EP can lessen the risk of infection being spread in general practice waiting rooms and at community pharmacies
- Supplements the delivery of telehealth services to ensure continuity of patient care
- Reduced prescription misuse through increased data available for real-time monitoring
- Provide opportunities for practitioner workflow efficiencies by reducing unnecessary paperwork
- Reducing administrative burden for healthcare providers and organisations (e.g. more effective management of prescription refill requests)



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Quality Improvement Activities



- Implementing new Practice work flows, procedures and/or new prescription policy
- Updating patient social history, validating IHI number, email, mobile and carer contact details
- Clinical Software/ IT Upgrades
- Liaison and advocacy with local pharmacies
- Staff education, administrative and clinical
- Patient education, promotion and marketing of service offered
- Meeting quality improvement PIP and accreditation requirements.

Primary Care Quality Improvement Community of Practice

“A Community of Practice is a group of people who share a passion for something that they know how to do, and who interact regularly to learn how to do it better.” - Etienne Wenger, 2002

The Primary Care QI (Quality Improvement) Community of Practice (CoP) site is now available to primary care providers, practice teams and practice staff within the Hunter, New England & Central Coast Primary Health Network region.

Purpose of the CoP: to share ideas and resources to support quality improvement activities. Note that the evidence suggests that a CoP is only successful if it is driven by its membership.



WE NEED YOU!

The PHN Primary Care Quality Improvement Community of Practice is now available!

Why bother? This is a place where you can float ideas, discuss best practice approaches as well as learn about successful quality activities that have already been implemented. Please note that any resources you contribute to the site can be viewed by all members of the site. The PHN is also planning to host monthly CoP webinars on areas of interest for members.

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How to access the QI CoP

We need champions! Nominations are open to appoint a clinical champion for each of the quality improvement measures associated with the PIP QI (noting that not all QI activity will be in these 10 areas; you are welcome to create space to discuss any QI activity in the CoP). This person will be responsible for regularly monitoring the QI CoP in their nominated area and updating the chat thread with gold standard approaches and ideas for quality improvement activity.

How to nominate yourself as a clinical champion: please send your expression of interest to Cate Dingelstad (details below) at your earliest convenience, noting the clinical area you wish to support.

How to access the QI Community of Practice: please send the following details to cdingelstad@hneccphn.com.au to request access to the site: your name, your individual (not practice) email address and the organisation you work for.

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References & Further Resources

- Australian Digital Health Agency website: <https://www.digitalhealth.gov.au/get-started-with-digital-health/electronic-prescriptions>
- Department of Health EP website: <https://www.health.gov.au/initiatives-and-programs/electronic-prescribing>

Electronic Prescribing Contacts:

- Department of Health: ePrescribing@health.gov.au
- Australian Digital Health Agency: help@digitalhealth.gov.au
- Services Australia: otsliaison@humanservices.gov.au

Clinical Software Support:

BEST PRACTICE

support@bpsoftware.net

Ph: 1300 40 1111

MEDICAL DIRECTOR

[Log a support ticket](#) on their website

Ph: 1300 300 161

ZEDMED

support@zedmed.com.au

Ph: 1300 933 000

HNECC PHN Support:

Talk to your PCIO

Ph: 1300 859 028

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Thank you for attending

Questions?



Australian Government

Australian Digital Health Agency

<https://www.digitalhealth.gov.au/get-started-with-digital-health/electronic-prescriptions>



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